NOV 2

بع د بر	/	DMENT 7				Docket No. UMY-059
	Applicatio 10/722,176-Co		Filing November	,	Examiner K. Chong	Art Un 1635
App	olicant(s): Tari	q M. RANA		24, 2000	ix. Onling	1000
	ention: DELIVE	то	O THE COMMI		DR PATENTS ied application.	
	e fee has been				• •	
		DED				
-		Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
	Total Claims	45	- 20 =	25	x 25.00	625.00
	ndependent Claims	1	- 6 =		x	
	Jiaiiiio					
N	Multiple Depend	ent Claims (ch	eck if applicabl	e) X	·	180.00
\cdot					isclosure Statement	180.00 180.00
c	Multiple Depend	e specify):	Submission of ar	n Information D	isclosure Statement	
c	Multiple Depend	e specify): S	Submission of ar	n Information D	isclosure Statement	180.00
c	Multiple Depend Other fee (please FOTAL ADDITI Large Entity	e specify): S	Submission of ar	n Information D		180.00
	Multiple Depend Other fee (please FOTAL ADDITI Large Entity No additiona	e specify): S	OR THIS AME	n Information D NDMENT: andment.	x Small Entity	180.00 985.00
	Other fee (please OTAL ADDITI Large Entity No additional	e specify): S	OR THIS AME d for this amer	n Information D NDMENT: ndment.		180.00 985.00
	Other fee (please TOTAL ADDITI Large Entity No additional Please charge A duplicate of	e specify): S ONAL FEE FO Il fee is require ge Deposit Acc	OR THIS AME d for this amer count No1	n Information D NDMENT: ndment. 12-0080 ir	x Small Entity	985.00 985.00
	Other fee (please TOTAL ADDITI Large Entity No additional Please charge A duplicate of	e specify): S IONAL FEE FO If fee is require ge Deposit Accopy of this she	OR THIS AME	n Information D NDMENT: ndment. 2-0080 ir to cover	x Small Entity	985.00 985.00
C X X X X X X X X X	Other fee (please TOTAL ADDITION Large Entity No additional Please charge A duplicate of A check in the Payment by The Director	e specify): S IONAL FEE FO If fee is require ge Deposit Accopy of this she ne amount of \$ credit card. Fo	ornized to charge	n Information D NDMENT: ndment. 2-0080 ir to cover is attached. ge and credit	x Small Entity the amount of \$ the filing fee is enclo Deposit Account No	180.00 985.00 985.00 .
(x)	Dither fee (please TOTAL ADDITI Large Entity No additional Please charge A duplicate of A check in the Payment by The Director as described	e specify): S ONAL FEE FO If fee is require ge Deposit Acc copy of this she ne amount of \$ credit card. Fo is hereby auth	orm PTO-2038	n Information D NDMENT: ndment. 2-0080 ir to cover is attached. ge and credit	x Small Entity the amount of \$ the filing fee is enclo Deposit Account No	180.00 985.00 985.00 .
(x)	Dither fee (please TOTAL ADDITI Large Entity No additional Please charge A duplicate of A check in the Payment by The Director as described X Credit ar	e specify): S IONAL FEE FO If fee is require ge Deposit Accopy of this she ne amount of \$ credit card. For is hereby auth I below. A dup	orm PTO-2038	n Information D NDMENT: Indment. 12-0080 ir to cover is attached. ge and credit this sheet is e	x Small Entity the amount of \$ the filing fee is enclo Deposit Account No	985.00 985.00
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dither fee (please FOTAL ADDITI Large Entity No additional A check in the Payment by The Director as described X Credit ar Charge a	e specify): S IONAL FEE FO If fee is require ge Deposit Accopy of this she ne amount of \$ credit card. For is hereby auth I below. A dup	orm PTO-2038	n Information D NDMENT: Indment. 12-0080 ir to cover is attached. ge and credit this sheet is e	x Small Entity the amount of \$ the filing fee is enclo Deposit Account No enclosed. ees required under 37	985.00 985.00
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Dither fee (please TOTAL ADDITI Large Entity No additional Please charge A duplicate of A check in the Payment by The Director as described X Credit ar	e specify): S IONAL FEE FO If fee is require ge Deposit Accopy of this she ne amount of \$ credit card. For is hereby auth I below. A dup ny overpayment any additional fili	orm PTO-2038	n Information D NDMENT: Indment. 12-0080 ir to cover is attached. ge and credit this sheet is e	x Small Entity the amount of \$ the filing fee is enclo Deposit Account No enclosed. ees required under 37	180.00 985.00 985.00 osed. 12-0080 7 CFR 1.16 and 1.17
C X X X X X X X X X	Dither fee (please FOTAL ADDITI Large Entity No additional A check in the Payment by The Director as described X Credit ar Charge a	e specify): S IONAL FEE FO If fee is require ge Deposit Accopy of this she ne amount of \$ credit card. For is hereby auth I below. A dup ny overpayment any additional filit Io.: 55,450 EKFIELD, LLP	orm PTO-2038 orized to chargelicate copy of the copy	n Information D NDMENT: Indment. 12-0080 ir to cover is attached. ge and credit this sheet is e	x Small Entity the amount of \$ the filing fee is enclo Deposit Account No enclosed. ees required under 37	180.00 985.00 985.00 osed. 12-0080 7 CFR 1.16 and 1.17

No. EV 608868495 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 23, 2005

Signature:

(⊍ill A. Mello)

Application No. (if known): 10/722,176

Attorney Docket No.: UMY-059

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV 608868495 US in an envelope addressed to:

> MS Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

on	November 23, 2005			
	Date			

Jill A. Mello Typed or printed name of person signing Certificate 55,450 (617) 227-7400 Registration Number, if applicable Telephone Number

Each paper must have its own certificate of mailing, or this certificate must identify Note: each submitted paper.

This Certificate of Express Mailing (1 page) Amendment Transmittal (1 page) Fee Transmittal (1 page, in duplicate) Amendment (11 pages) Information Disclosure Statement (2 pages)

PTO form SB/08 (Thirteen references) (1 page) Copies of Eleven (11) References

Return Receipt Postcard

Charge \$985.00 to deposit account 12-0080